



# 2022 IHCP Works Seminar Prior Authorization 101

**Presented By: Joy Diarra**

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# Agenda

- Type of Requests
- Submitting a Request
- Online Prior Authorization (PA) Portal
- Appeals Process
- Helpful Tips
- Resource Center
- Updates



## Our Mission

To enhance client satisfaction and lower total health care costs by improving the health status of members through the most efficient provision of quality health care services.

- MDwise is local and Indiana's only non-profit, provider-sponsored health plan
- Owned by McLaren Health Care Corporation, a provider-owned, not-for-profit integrated health system with multi-state experience committed to better serving Hoosier families
- MDwise administers Medicaid and Medicare programs throughout Indiana to ensure all families receive high-quality and affordable health care
- MDwise has a large network of doctors, specialists and hospitals throughout Indiana



# Types of Authorization Requests

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# Authorization Request Types

Urgent Preservice

Urgent Concurrent

Non-urgent Preservice

Retrospective

# What is an Urgent Preservice request?



An **Urgent Preservice** review is an *initial* review request that meets the definition of urgent.



**Preservice** is any case or service that the organization must approve, in whole or in part, in advance of the member obtaining medical care services, including behavioral health services.



**Urgent** is any request for medical care or services with respect to which the application of the time periods for making non-urgent care determinations could result in an adverse effect to the health of the member.

# What is an Urgent concurrent request?



An **Urgent Concurrent** review is an extension review request that meets the definition of urgent.



**Concurrent** is a review decision for the extension of previously approved ongoing care. Typically done for inpatient admission but can also be for Partial Hospitalization Program (PHP).

# What is a Non-urgent Preservice Request?



A **Non-urgent Preservice** review is an *initial* review request that meets the definition of non-urgent.



**Preservice** is any case or service that the organization must approve, in whole or in part, in advance of the member obtaining medical care services, including behavioral health services.



**Non-Urgent** is a request for medical care or services for which application of the time periods for deciding does not jeopardize the life or health of the member or the member's ability to regain maximum function and would not subject the member to severe pain.

# What is a Retrospect request?



A **Retrospective** review is a review that meets the definition of retrospective



**Retrospective** is a prior authorization given after services have begun or supplies have been delivered, as outlined by IHCP guidelines.



**Retrospective reviews** have limits on the timeframes for submission.

# Turnaround Times by Request Type

 Urgent Preservice	72 Hours
 Urgent Concurrent	1 Business Day
 Non-urgent Preservice	7 Calendar Days
 Retrospective	30 Calendar Days



# Submitting a Prior Authorization

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# Submitting a PA

**MDwise offers multiple platforms to submit a PA request.**

- **Online PA Portal:**

<https://mdwisepp.zeomega.com/cms/ProviderPortal/Controller/providerLogin>

- **Email:** [PAdept@mdwise.org](mailto:PAdept@mdwise.org)

- **Phone:** 1-888-961-3100

- **Fax:**

- **Hoosier Healthwise 1-888-465-5581**

- **HIP Inpatient 1-866-613-1631**

- **HIP All Others 1-866-613-1642**

***\*The Preferred Method for requesting a PA request is through our PA portal, where you can also check status.***

# Submitting a PA

The specific type of PA determines the designated Turn Around Time that a decision will be made regarding the PA Request.

- Urgent concurrent – 24 hours
- Urgent preservice – 72 hours
- Non-urgent preservice – 7 calendar days
- Post-service – 30 days

**NOTE:** The Turn Around Time clock starts on the date that **ALL** information is received by MDwise.

## Outside of Business Hours

- Providers can submit Prior Authorization requests via email, fax, or to our [PA portal](#).
- These methods can receive PA requests 24 hours/7 days per week.

# Submitting a PA

## **Additional Time Parameters for Prior Authorization Requests**

- Provider is responsible for submitting new PA requests for ongoing services at least 30 calendar days before the current authorization period expires to ensure services are not interrupted.
- Provider is responsible for responding to modification decisions within 2 business days.
- Provider is also responsible for responding to requests for additional information for urgent concurrent review within 24 hours of receipt of request.



# MDwise Online PA Portal

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# MDwise Authorization Portal Information

**Submitting authorization requests via online PA portal is preferred.**

## **Submitting online:**

- Improves the timeliness of the review
- Allows for online tracking status
- Increases readability of requests

**Step-by-step instructions help guide you through the online portal request process.**

- [Authorization Portal Guide](#)

# Prior Authorization Portal

**To register for a user account, go to:**

[https://mdwisepp.zeomega.com/cms/ProviderPortal/  
Controller/providerLogin](https://mdwisepp.zeomega.com/cms/ProviderPortal/Controller/providerLogin)

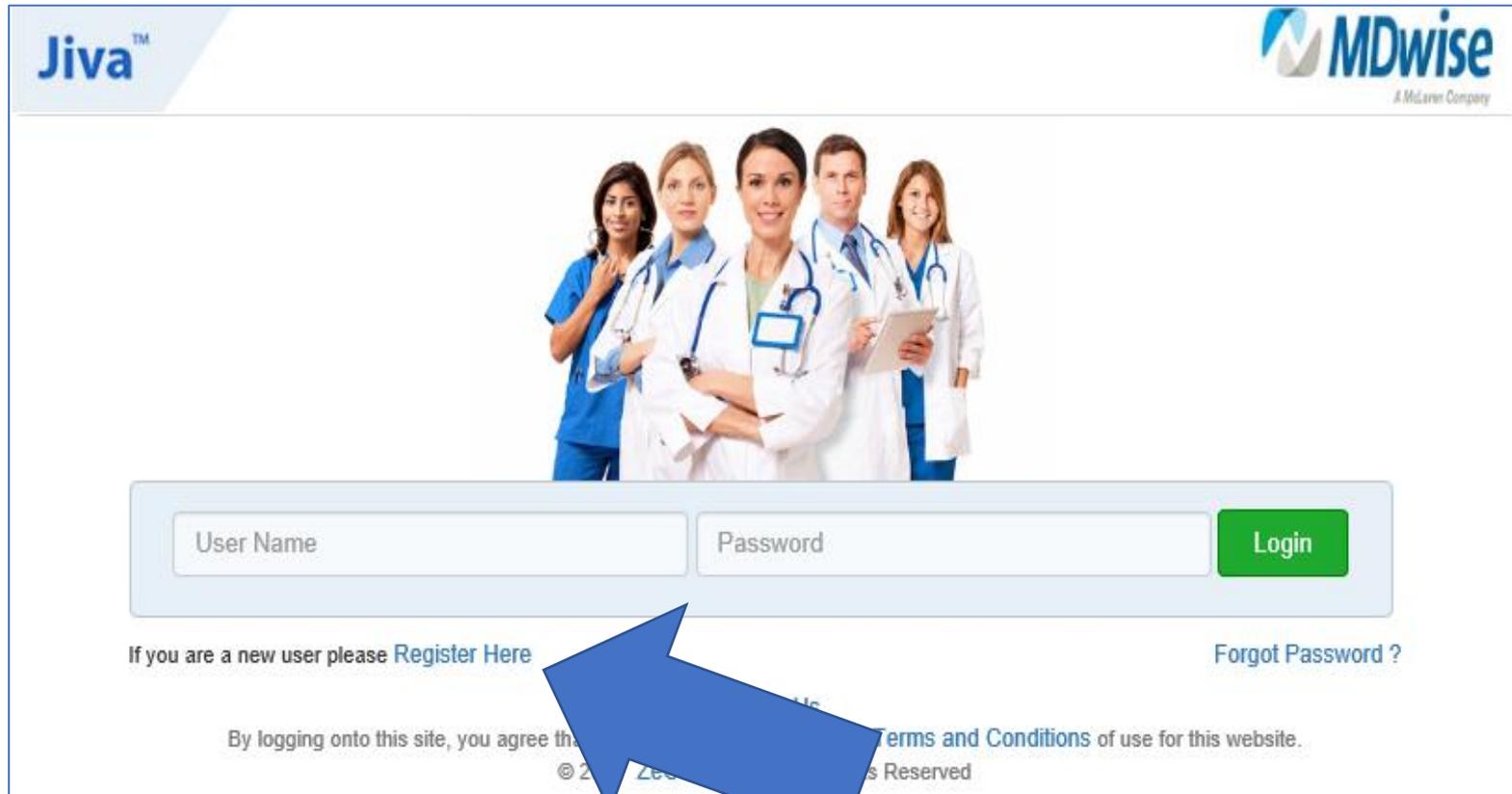
Click **“Register Here.”**

Allow 3-5 business days after registering for an account to become active. If you are unable to create a user account, please send your request for user account to

[AuthPortalHelp@mdwise.org](mailto:AuthPortalHelp@mdwise.org).

# Prior Authorization Portal

## [Provider Portal – Register Here](#)



Jiva™

MDwise  
A McLaren Company

User Name Password Login

If you are a new user please [Register Here](#) [Forgot Password ?](#)

By logging onto this site, you agree that you have read and understand the [Terms and Conditions of use](#) for this website.  
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# MDwise Prior Authorization Appeals Process

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# Prior Authorization Appeals

**If a decision is rendered and the provider is not satisfied, there are several ways for resolution.**

One way is to request a peer-to-peer review.

- A peer-to-peer review is an authorization request that has been denied. The denial letter will have the phone number to request the peer-to-peer
- You must have information from denial along with the physician's name, phone number and times the physician will be available to discuss with our MD
- After the MD has rendered a decision, If not favorable, provider may request an appeal

# Prior Authorization Appeals

- Appeals must be requested within **60 calendar days** of receiving denial.
- MDwise will resolve an appeal within **30 calendar days** and notify the provider and member in writing of the appeal decision including the next steps.
- If the appeal is requested to be an expedited decision, MDwise will review to ensure it meets criteria for expedited review. If it is determined it is an expedited review, we will render a decision with **72 hours** of appeal submission.

# Prior Authorization Appeals – Medical and Dental

Providers can request an appeal in writing to MDwise:

**MDwise Customer Service Department**  
**Attention: Appeals**  
**P.O. Box 44236**  
**Indianapolis, IN 46244-0236**

Providers may also request an appeal by email:

[PAdept@mdwise.org](mailto:PAdept@mdwise.org)

# Prior Authorization Appeals - Medications

Providers can request an appeal in writing to MDwise:

**MDwise Pharmacy Department**  
**P.O. Box 441423**  
**Indianapolis, IN 46244-0236**

Providers may also request an appeal by fax at **317-822-7582**



# Helpful Tips

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# Always Check Eligibility

## When determining eligibility, verify:

- Is the member eligible for services today?
- Which Indiana Health Coverage Program (IHCP) plan are they enrolled?
- If the member is in Hoosier Healthwise or Healthy Indiana Plan (HIP), and are they assigned to MDwise?
- Who is the member's Primary Medical Provider (PMP)?

### IHCP Provider Healthcare Portal

- IHCP Program
- Managed Care Entity
- Assigned PMP

### myMDwise Provider Portal

- MDwise
- Assigned PMP History

# Review Prior Authorization Lists

Visit our [website](#) for the most up-to-date version of MDwise prior authorization requirements and information.



**All out of network services require Prior Authorization, except for Self-Referral Services**

# Must Haves for ALL PA requests

**You will need two (2) key items when filing any request for Medical Prior Authorization regardless of how request is submitted:**

## **Universal Prior Authorization Form**

- [Available on the Prior Authorization Page](#)
- You can refer to IHCP Prior Authorization Request Form Instructions for required information on form [pa-form-instructions](#)

## **Documentation to support Medical Necessity for the services you are requesting**

- Examples of documentation for Medical Necessity include Labs, Imaging, Medical Records/Physician Notes, Test Results, Therapy Notes, etc.

# Helpful Tips

## Universal PA Form

- Be sure to provide your fax number, secure voice mailbox number, and include a contact name/number for us to request additional clinical information, if needed on the PA form
- Be sure to note if PA is for a retroactively eligible member
- For pre-service non-urgent requests, request a date span rather than a specific date

**Only ONE authorization is needed to cover both Professional and Facility services. Auth should be requested under Facility.**

# Helpful Tips

- Submit complete clinical information at the time of the request.
- Submission through the authorization portal allows real-time submission and the ability to monitor status.
- Urgent requests should be reserved for services that, if not performed, may jeopardize the health of the member and not because the request is not submitted timely.
- Repeated inquiries to check the status of a requested authorization, or to ask for an expedited authorization, can slow down the authorization review process.

# PA Portal vs myMDwise Provider Portal

**The MDwise prior authorization portal is unique from our myMDwise Provider Portal.**

Prior Authorization Portal	myMDwise Provider Portal
<ul style="list-style-type: none"><li>• Submit online PAs</li><li>• Check status of online PAs submitted</li></ul>	<ul style="list-style-type: none"><li>• Check Member Eligibility</li><li>• Review Assigned PMP History</li><li>• View claims status</li><li>• Access to Quality Reports</li></ul>



# Resource Center

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# PA Reference Guide

**MDwise offers a printable [Prior Authorization Reference Guide](#) outlining our PA processes and timelines.**

This is a handy two-page guide for you to reference is kept current on the website and offers details such as:

- Contact information
- Timelines for specific requests
- Authorization notifications
- Prior Auth appeals process

# Medication PA References

**MDwise Pharmacy PA page:** [Pharmacy Forms - MDwise Inc.](#)

- Quick Reference guide
- Appeals coversheet
- PA request forms

**Pharmacy Quick Reference Guide:**

[Pharmacy\\_PA\\_quick\\_ref\\_guide.pdf \(mdwise.org\)](#)

# Resources

## **Prior Authorization Quick Contact Guide**

<http://www.mdwise.org/for-providers/forms/prior-authorization/>

## **MDwise Provider Manuals**

<http://www.mdwise.org/for-providers/manual-and-overview/>

## **IHCP Provider Modules**

<https://www.in.gov/medicaid/providers/provider-references/provider-reference-materials/ihcp-provider-reference-modules/>

## **MDwise Prior Auth Inquiry Line**

- 1-888-961-3100

## **MDwise Member Customer Service**

- 1-800-356-1204

# MDwise Provider Relations Team

## Region 1

**Robert Tanna**

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317-407-5910

## Region 2

**Amy Kerr**

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## Region 5

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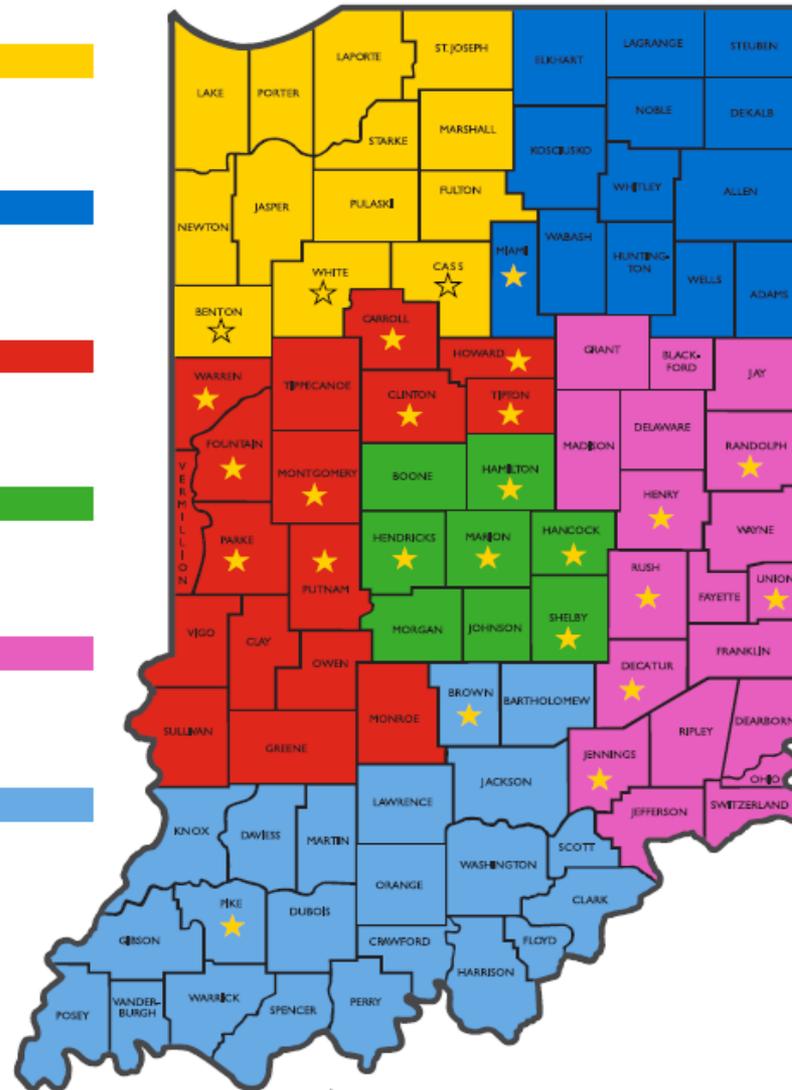
317-460-4697

## Region 6

**Chris Bryant**

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317-517-4776



★ = MDwise Medicare Advantage Plan Available

Click [here](#) to find our map online.

# MDwise Provider Relations Team

## PROVIDER GROUP REPRESENTATIVES

### **Tonya Trout**

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### **Provider Groups**

Ascension St. Vincent

Franciscan Alliance

Beacon

Union

Parkview

Home Health and Hospice

Skilled Nursing Facilities (SNFs)

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### **LaToya Robertson**

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### **Provider Groups**

Federally Qualified Health Centers (FQHCs)

Rural Health Center (RHCs)

Community Mental Health Centers (CMHCs)

Eskenazi Health

## PROVIDER RELATIONS LEADERSHIP

### **Josh Burger**

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### **LaKisha Browder**

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317-822-7298



**Coming Soon**

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## **Continuous Glucose Monitors (CGMs):**

- Beginning 1/1/2023 CGMs will go through the **Pharmacy PA process**
- Preferred CGM = Dexcom

## **Transition of Care Update:**

- Beginning 1/1/2023, MDwise will honor previous authorizations for a minimum of **90 calendar days** from member's date of enrollment with MDwise when member transitioned from another MCE.

# Updates

- Please be sure to sign up for [News, Bulletins and Banner](#) notifications with IHCP
- Providers can visit the [News & Announcements](#) page at [MDwise.org](http://MDwise.org) for any updates to the [Prior Authorization](#) requirements.



**Thank  
you!**

# QUESTIONS?

